SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2234419984		
Name	: MR.BAHADUR JANG		
Age / Gender	: 47 Years / Male		
Consulting Dr.	: -	**Collected**	: 10-Dec-2022 / 09:30
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 10-Dec-2022 / 13:07

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	**5.59**	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.3	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	27.5	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7080	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	2343.5	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	509.8	200-1000 /cmm	Calculated
Neutrophils	55.9	40-80 %	
Absolute Neutrophils	3957.7	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	247.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	21.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	267000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 10-Dec-2022 / 12:21

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB	5	2-15 mm at 1 hr.	Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***

MC-2111

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 10-Dec-2022 / 19:59

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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MC-2111

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 10-Dec-2022 / 15:58

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	27.2	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	12.7	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	1.04	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	81	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	**4.9**	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	6.4	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.7	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.6	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	141	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			

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POTASSIUM, Serum	3.8	3.5-5.1 mmol/l	IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

CHLORIDE, Serum	101	98-107 mmol/l	IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 10-Dec-2022 / 13:42

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.349	<4.0 ng/ml	CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022

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Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:
Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,
Decreased In- Ejaculation within 24–48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5-α-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

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*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Dr.ANUPA DIXIT
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Consultant Pathologist & Lab Director

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	**225.6**	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	**36.3**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	**155.2**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**133.4**	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Colorimetric
VLDL CHOLESTEROL, Serum	21.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	**5.3**	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	**3.7**	0-3.5 Ratio	Calculated

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.0	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	17.2	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	0.860	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			

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Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:
1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343
For Feedback - customerservice@suburbandiagnostics.com | **www.suburbandiagnostics.com**

CID	: 2234419984		
Name	: MR.BAHADUR JANG		
Age / Gender	: 47 Years / Male		
Consulting Dr.	: -	**Collected**	: 10-Dec-2022 / 09:30
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 10-Dec-2022 / 15:58

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.69	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.46	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	**4.9**	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	33.1	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	**62.0**	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	51.1	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	74.8	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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CID	: 2234419984		
Name	: MR.BAHADUR JANG		
Age / Gender	: 47 Years / Male		
Consulting Dr.	: -	**Collected**	:
Reg. Location	: Borivali West (Main Centre)	**Reported**	:

*** End Of Report ***

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भारत सरकार
Unique Identification Authority of India
Government of India

E-Aadhaar Letter

[illegible]/Enrolment No.: 2017/60337/02954

Date: 10/01/2016

Jang Bahadur [illegible]

S/O: Lale Dal Bahadur, # 8, 1st Cross, Agam Main Road, Horamavu Panchayath Office, Chikkapullappa Garden, Horamavu, Bangalore, Karnataka - 560043

[illegible] / Your Aadhaar No.:

3465 9427 3145

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- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
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Signature valid

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Jang Bahadur
DOB: [illegible]
/ MALE

Address:
S/O: Lale Dal Bahadur, #8, 1st Cross, Agam Main Road, Horamavu Panchayath Office, Chikkapullappa Garden, Horamavu, Bangalore, Karnataka - 560043

3465 9427 3145

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ಆಧಾರ್-ಶ್ರೀ ಸಾಮಾನ್ಯನ ಅಧಿಕಾರ Aadhaar-Aam Admi ka Adhikar

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

For Health Checkup at Suburban Diag. Borivali!

10/12/2022

9972229952

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 10/12/2022 CID: 225441984

Name:- Bahadur Jang Sex / Age: M / 47yr

EYE CHECK UP

Chief complaints: / NIL

Systemic Diseases:

Past history: / NIL

Unaided Vision: Rt LL

Aided Vision: 6/6 6/6

Refraction: N16 N16

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

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Mumbai-400053.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID NO: 2234419984	
PATIENT'S NAME: MR.BAHADUR JANG	**AGE/SEX:47 Y/M**
REF BY: -----	**DATE: 10 /12/2022**

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. Mild concentric LVH.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
   a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
10. No LV clot.
11. No Pericardial Effusion
12. No Diastolic disfunction. No Doppler evidence of raised LVEDP.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT'S NAME: MR.BAHADUR JANG	AGE/SEX:47 Y/M
REF BY: -----	DATE: 10 /12/2022

1.	AO root diameter	3.3 cm
2.	IVSd	1.4 cm
3.	LVIDd	4.4 cm
4.	LVIDs	2.1 cm
5.	LVPWd	1.4 cm
6.	LA dimension	3.7 cm
7.	RA dimension	3.7 cm
8.	RV dimension	3.1 cm
9.	Pulmonary flow vel:	1.0 m/s
10.	Pulmonary Gradient	4.0 m/s
11.	Tricuspid flow vel	1.6 m/s
12.	Tricuspid Gradient	11 m/s
13.	PASP by TR Jet	21 mm Hg
14.	TAPSE	3.2 cm
15.	Aortic flow vel	1.3 m/s
16.	Aortic Gradient	7.0 m/s
17.	MV:E	0.6 m/s
18.	A vel	0.8 m/s
19.	IVC	16 mm
20.	E/E'	10

Impression:

Mild concentric LVH.
Normal 2d echo study.

Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report

DR. S. NITIN
Consultant Cardiologist
Reg. No. 87714

SUBURBAN DIAGNOSTICS
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REPORT

CID	**: 2234419984**		
Name	**: Mr BAHADUR JANG**		
Age / Sex	**: 47 Years/Male**		
Ref. Dr	**:**		
Reg. Location	**: Borivali West**	**Reg. Date**	**: 10-Dec-2022**
		Reported	**: 10-Dec-2022 / 14:23**

USG WHOLE ABDOMEN

LIVER: Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is not seen post operative status.

PORTAL VEIN: Portal vein is 9.4 mm normal . **CBD:** CBD is 3.5 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.2 x 4.6 cm. **Intra- parenchymal cyst seen 4.2 x3.5 cm in the upper pole of right kidney**

Left kidney measures 12.9 x 5.2cm. **Intra- parenchymal cyst seen 3.2 x 3.3 cm in the lower pole of left kidney**

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 3.5 x 3.3 x 3.2 cm and prostatic weight is 20 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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REPORT

CID	: 2234419984
Name	: Mr BAHADUR JANG
Age / Sex	: 47 Years/Male
Ref. Dr	:
Reg. Location	: Borivali West
Reg. Date	: 10-Dec-2022
Reported	: 10-Dec-2022 / 14:23

Opinion:

- **Grade I fatty infiltration of liver .**
- **Intra- parenchymal cyst in both kidney.**

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

---------------------**End of Report**-----------------------

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

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CID	**: 2234419984**		
Name	**: Mr BAHADUR JANG**		
Age / Sex	**: 47 Years/Male**		
Ref. Dr	**:**		
Reg. Location	**: Borivali West**	**Reg. Date**	**: 10-Dec-2022**
		Reported	**: 10-Dec-2022 / 14:08**

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

----------End of Report----------

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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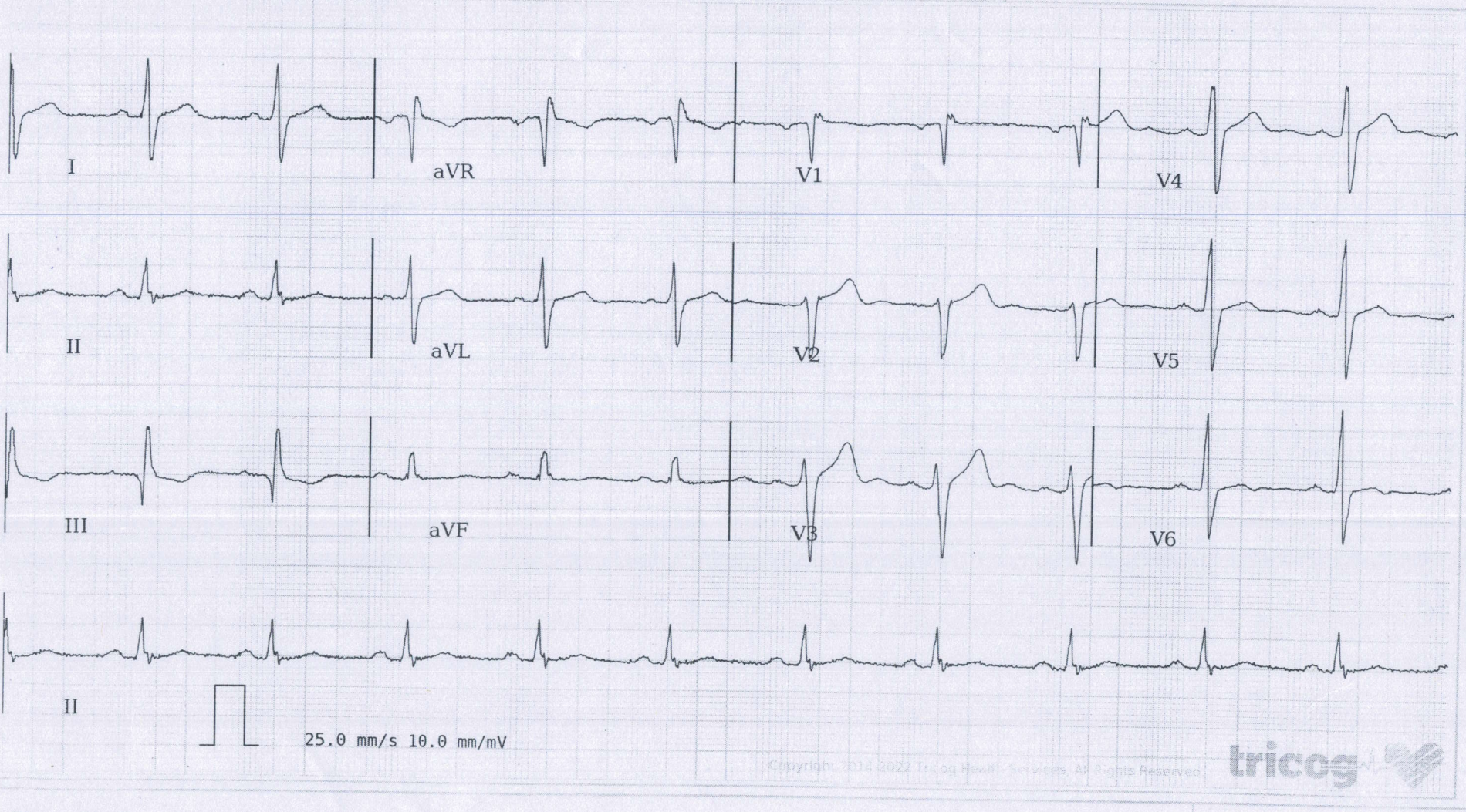
Corporate Identity Number (CIN): U85110MH2002PTC136

SUBURBAN DIAGNOSTICS - BORIVALI WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: BAHADUR JANG
Patient ID: 2234419984

Date and Time: 10th Dec 22 11:06 AM



Age 47 years 2 months 26 days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP:	150/100 mmHg
Weight:	171 kg
Height:	90 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	124ms
QT:	426ms
QTc:	452ms
PR:	186ms
P-R-T:	39° 66° 12°

Sinus Rhythm, Normal Axis, Non-specific Intra-ventricular Conduction Block. Poor progression of R wave in anterior lead.Please correlate clinically.

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REPORTED BY

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